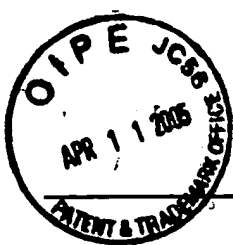




<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		<b>Complete if Known</b>	
		Application No.	10/074,686
		Filing Date	February 22, 2002
		First Named Inventor	Kenneth Largman
		Examiner Name	Joseph D. Manoskey
		Group Art Unit	2113
Total Number of Pages in This Submission		Attorney Docket No.	A-70543-2/RMA
<b>ENCLOSURES</b> (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) 13 replacement sheets	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply, 14 pages	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input checked="" type="checkbox"/> Extension of Time Request for 2-Months	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Replacement spec (37 pgs.)</b> <b>Appendix (209 pgs.)</b> <b>Check</b> <b>Return receipt postcard</b>	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input checked="" type="checkbox"/> Form SB/8A and (5) references	<input type="checkbox"/> CD, No. of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	*Does not include page count of four (4) references		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	R. Michael Ananian (Reg. No. 35,050) DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989	Customer Number 32940	
Signature	<i>R. Michael Ananian</i>		
Date	April 5, 2005		



**AMENDMENT  
FEE CALCULATION  
(FY 2005)**

**Complete if Known**

Application No.	10/074,686
Filing Date	February 22, 2002
First Named Inventor	Kenneth Largman
Group Art Unit	2113
Examiner Name	Joseph D. Manoskey
Atty. Docket Number	A-70543-2

**Claims as Amended in Response to Office Action dated:**

November 5, 2004

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		<b>3. ADDITIONAL FEES</b>			
2. <input checked="" type="checkbox"/> Check Enclosed		<b>Large Entity Fee</b>	<b>Small Entity Fee</b>	<b>Fee Description</b>	<b>Fee Paid</b>
		120	60	Extension for reply within first month	
		450	225	Extension for reply within second month	\$225.00
		1,020	510	Extension for reply within third month	
		1,590	795	Extension for reply within fourth month	
		2,160	1,080	Extension for reply within fifth month	
		500	250	Notice of Appeal	
		500	250	Filing a brief in support of an appeal	
		1,000	500	Request for oral hearing	
		130	65	Terminal Disclaimer Fee	
		500	250	Petition to revive – unavoidable	
		1,500	750	Petition to revive – unintentional	
		790	395	Utility/Reissue issue fee (inc. 10 advance copies)	
		130	130	Petitions to the Commissioner	
		180	180	Submission of IDS	\$180.00
		790	395	Request for Continued Examination (RCE)	
		Other fee (specify):			
		<b>Subtotal (2)</b>			
		<b>Total Amount of Payment:</b>			

1. EXTRA* CLAIM FEES					
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	
Total 28	20	= 8	x .00	=	200.00
Indep. 3	3	= 0	x .00	=	0.00
First Presentation of Multiple Dependent Claim			x	=	
<b>Subtotal (1)</b>					<b>200.00</b>

\*Calculation of Extra Claim Fees

Large Entity Fee	Small Entity Fee	Fee Description
50	25	Claims in excess of 20
200	100	Independent claims in excess of 3
360	180	Multiple dependent Claim
200	100	Reissue independent claims over original patent
50	25	Reissue claims in excess of 20 and over original patent

**Submitted by:**

Name: R. Michael Ananian

Reg. No.: 35,050

Telephone: 650-494-8700

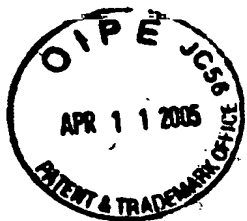
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Four Embarcadero Center, Suite 3400  
San Francisco, California 94111-4187

CUSTOMER NUMBER **32940**

Signature: *R. Michael Ananian*

Date: *4/15/05*



## **REPLACEMENT DRAWINGS**